

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3	1						53								
4							54								
5		2					55								
6	1						56								
7		1					57								
8		2					58								
9							59								
10		2					60								
11							61								
12		2					62								
13		5					63								
14	1						64								
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44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS								